

# PRIVACY ACT RELEASE

Date: \_\_\_\_\_

Dear Congressman Jim Langevin:

I am requesting your help in resolving the problem I am having with:

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(Name of Agency, such as INS, IRS, VA, Social Security)

In keeping with the restrictions of the Privacy Act, you are authorized to request any information required to assist me in this matter.

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
(Please give a number where you can be reached)

List any or all identifying numbers which might apply in your situation.

SOCIAL SECURITY: \_\_\_\_\_ VA: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_ OTHERS: \_\_\_\_\_

ALIEN "A" NUMBER: \_\_\_\_\_ DATE APPLICATION FILED: \_\_\_\_\_

PLACE/DATE OF ENTRY: \_\_\_\_\_

Give a brief description of the problem and what you would like our office to do: (Please give dates, locations, and names of individuals pertinent to your case. Please attach copies of documents: I-797, I-30 or N-400, your Alien Card, front and back, if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Continue on reverse side)

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_